

GRANT AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and Brattleboro Memorial Hospital (hereafter called the "Subrecipient" that the grant agreement (#03410-2185-21) on the subject of administering the Blueprint for Health program initiatives in the Brattleboro, Vermont Health Service Area, effective October 1, 2020, is hereby amended to be retroactively effective October 1, 2020 as follows:

- 1. By deleting Part 1-Grant Award Detail on page 1 of 39 of the base agreement and replacing it with the following Part 1- Grant Award Detail:**

STATE OF VERMONT
DEPARTMENT OF VERMONT HEALTH ACCESS
BRATTLEBORO MEMORIAL HOSPITAL

PAGE 2 OF 5
GRANT # 03410-2185-21
AMENDMENT #1

STATE OF VERMONT GRANT AGREEMENT				Part 1-Grant Award Detail			
SECTION I - GENERAL GRANT INFORMATION							
¹ Grant #: 03410-2185-21			² Original <input type="checkbox"/>		Amendment # <input type="checkbox"/> 1		
³ Grant Title: Blueprint for Health Brattleboro Memorial Hospital HSA							
⁴ Amount Previously Awarded:		⁵ Amount Awarded This Action:		⁶ Total Award Amount:			
\$96,250.00		\$16,000.00		\$112,250.00			
⁷ Award Start Date: 10/01/2020		⁸ Award End Date: 09/30/2021		⁹ Subrecipient Award: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
¹⁰ Vendor #: 41963		¹¹ Grantee Name: Brattleboro Memorial Hospital					
¹² Grantee Address: 17 Belmont Avenue							
¹³ City: Brattleboro			¹⁴ State: VT		¹⁵ Zip Code: 05301		
¹⁶ State Granting Agency: AHS/Department of Vermont Health Access					¹⁷ Business Unit: 03410		
¹⁸ Performance Measures: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		¹⁹ Match/In-Kind: Description:					
²⁰ If this action is an amendment, the following is amended: Amount: <input checked="" type="checkbox"/> Funding Allocation: <input type="checkbox"/> Performance Period: <input type="checkbox"/> Scope of Work: <input checked="" type="checkbox"/> Other: <input type="checkbox"/>							
SECTION II - SUBRECIPIENT AWARD INFORMATION							
²¹ Grantee DUNS #: 069909331			²² Indirect Rate:		²³ FFATA: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
²⁴ Grantee Fiscal Year End Month (MM format): 9			% (Approved rate or de minimis 10%)		²⁵ R&D: <input type="checkbox"/>		
²⁶ DUNS Registered Name (if different than VISION Vendor Name in Box 11):							
SECTION III - FUNDING ALLOCATION							
STATE FUNDS							
Fund Type		²⁷ Awarded Previously	²⁸ Award This Action	²⁹ Cumulative Award	³⁰ Special & Other Fund Descriptions		
General Fund		\$16,262.95	\$2,692.38	\$18,955.33			
Special Fund				\$0.00			
Global Commitment (non-subrecipient funds)		\$29,062.97	\$4,841.34	\$33,904.31			
Other State Funds				\$0.00			
FEDERAL FUNDS (includes subrecipient Global Commitment funds)					Required Federal Award Information		
³¹ CFDA#	³² Program Title	³³ Awarded Previously	³⁴ Award This Action	³⁵ Cumulative Award	³⁶ FAIN	³⁷ Fed Award Date	³⁸ Total Federal Award
93.778	Medicaid Assistance Program	\$16,262.95	\$2,692.39	\$18,955.34			
³⁹ Federal Awarding Agency:		⁴⁰ Federal Award Project Descr:					
93.778	Medicaid Assistance Program - Global Commitment (sub-recipient funds)	\$34,661.13	\$5,773.89	\$40,435.02			
Federal Awarding Agency:		Federal Award Project Descr:					
				\$0.00			
Federal Awarding Agency:		Federal Award Project Descr:					
				\$0.00			
Federal Awarding Agency:		Federal Award Project Descr:					
				\$0.00			
Federal Awarding Agency:		Federal Award Project Descr:					
		\$0.00					
Federal Awarding Agency:		Federal Award Project Descr:					
Total Awarded - All Funds		\$96,250.00	\$16,000.00	\$112,250.00			
SECTION IV - CONTACT INFORMATION							
⁴¹ STATE GRANTING AGENCY				⁴² GRANTEE			
NAME: Julie Parker				NAME: Steven R Gordon			
TITLE: Project Administrator				TITLE: CEO			
PHONE: (802) 760-8467				PHONE: (802) 257-8325			
EMAIL: Julie.Parker@vermont.gov				EMAIL: sgordon@bmht.org			

2. By adding the following to Attachment A, Section 2.4 Staffing:

3. QI Facilitator: The QI Facilitator will oversee quality improvement projects within the primary care Practices, specialty medical Practices acting as Spokes, Hubs, and women's health Practices. The QI Facilitator will have the primary responsibility for coordinating key quality improvement activities and projects at several primary care practices, specialty practices, and Community Collaboratives. The QI Facilitator will help Practices and organizations work through the continuous quality improvement process to:
 1. Achieve, maintain, and continue improvement on practice transformation as a Patient Centered Medical Home;
 2. Meet standards and continue improvement on population health quality and payment reform efforts, defined by Blueprint, Green Mountain Care Board, or Accountable Care Organizations (ACOs); and
 3. Achieve and continue improvement on clinical, cost, or patient experience priorities identified by the practice.

3. By deleting Attachment B, Section 5 and replacing it with the following:

5. The Subrecipient shall submit monthly for costs incurred in connection with services rendered in the previous month or quarter, on or before the 15th day of the following month. Costs incurred prior to the previous month, but not previously claimed, shall be clearly identified. All costs must be incurred within the Grant Term.
 - a. Invoices will only be paid upon the approval of State after completion of program activities agreed upon in Attachment A.
 - b. Invoices will include specified line items for program costs, training costs, and travel expenses.
 - i. Program costs includes:
 1. Approved salary and fringe benefits of Program Manager, QI Facilitator, and Self-Management Regional Coordinator;
 - a. Salary and fringe benefits will be subject to quarterly caps. Subrecipient will not invoice the State, and the State will not pay, for more than 25% of the total salary and fringe benefits for Project Management, QI Facilitation, and Self-Management Regional Coordinator per quarter.
 - b. If the Program Manager or QI Facilitator position is vacant, Subrecipient shall not invoice for, and State shall not pay, these costs.
 2. Training costs (costs associated with providing training) that have been approved by the State;
 3. Self-Management Program delivery costs (i.e. leader stipends and program materials);
 4. Other approved expenses by the State.
 - ii. Travel expenses are limited to:
 1. Costs approved by the State in writing prior to incurring expenses. Routine mileage travel expenses will not require prior approval.
 2. Travel costs are not reimbursable for travel expenses incurred within the HSA.
 3. Training costs (costs associated with receiving training) that have been approved by the State.

- c. Invoices must include:
- i. Name, address, signature, and point of contact information of Subrecipient;
 - ii. Date of invoice submission;
 - iii. Date(s) of program period the invoice covers;
 - iv. Unique invoice number;
 - v. Itemized expenses organized by activity. All reimbursable expenses will fall in one of the following line items:
 1. Program costs, or
 2. Travel expenses
 - vi. All itemized expenses and State-approved back-up documentation must be submitted in accordance with the *State of Vermont Agency of Administration Bulletin 3.4: Employee Travel and Expense Policy*. The State will notify the Subrecipient of mileage reimbursement rates and meal reimbursement rates allowable during the Grant Term.
<https://humanresources.vermont.gov/compensation/expense-reimbursement>.

4. By deleting the budget table in Attachment B, Section 18 and replacing it with the following:

18. Approved Budget for the Grant Term:

October 1, 2020 – September 30, 2021

Budget Category	Amount
Program Management	\$80,000.00
Quality Improvement Facilitation	\$16,000.00
Self-Management Regional Coordination (10/01/2020-12/31/2020)	\$7,500.00
Self-Management Program Costs (10/01/2020-12/31/2020)	\$3,750.00
Travel, Training, and Other Expenses	\$5,000.00
Total	\$112,250.00

The Subrecipient may request, in writing, approval by the State to reallocate funds across budget categories if necessary, to accomplish grant deliverables. The Subrecipient may also request, in writing, approval by the State to carry forward funds across quarterly periods if necessary, to accomplish grant deliverables.

Taxes Due to the State. Subrecipient further certifies under the pains and penalties of perjury that, as of the date this grant amendment is signed, Subrecipient is in good standing with respect to, or in full compliance with a plan to pay, any and all taxes due the State of Vermont.

Child Support (Applicable to natural persons only; not applicable to corporations, partnerships or LLCs). Subrecipient is under no obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date of this amendment.

Certification Regarding Suspension or Debarment Subrecipient certifies under the pains and penalties of perjury that, as of the date this grant amendment is signed, neither Subrecipient nor Subrecipient's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs, or programs supported in whole or in part by federal funds.

Subrecipient further certifies under pains and penalties of perjury that, as of the date that this grant amendment is signed, Subrecipient is not presently debarred, suspended, nor named on the State's debarment list at: <http://bgs.vermont.gov/purchasing-contracting/debarment>.

This document consists of 5 pages. Except as modified by this Amendment No. 1, all provisions of the Grant remain in full force and effect.

THE SIGNATURES OF THE UNDERSIGNED INDICATE THAT EACH HAS READ AND AGREES TO BE BOUND BY THIS AMENDMENT TO THE GRANT.

BY THE STATE OF VERMONT:

E-SIGNED by Cory Gustafson
on 2020-11-13 20:55:55 GMT November 13, 2020

CORY GUSTAFSON, COMMISSIONER DATE
AHS/DVHA
NOB 1 SOUTH, 280 STATE DRIVE
WATERBURY, VT 05671
EMAIL: CORY.GUSTAFSON@VERMONT.GOV

BY THE SUBRECIPIENT:

E-SIGNED by Steven Gordon
on 2020-11-13 20:51:11 GMT November 13, 2020

STEVEN GORDON, CEO DATE
BRATTLEBORO MEMORIAL HOSPITAL
17 BELMONT AVENUE
BRATTLEBORO, VT 05301
EMAIL: SGORDON@BMHT.ORG